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# NIH Public Access Policy 101 2014

Rosenzweig, Merle

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<http://hdl.handle.net/2027.42/108714>



# **National Institutes of Health Public Access Policy (NIHPAP) 101**

***<http://publicaccess.nih.gov/policy.htm>***

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# What NIHPAP Says

The NIH Public Access Policy implements Division F Section 217 of PL 111-8 (Omnibus Appropriations Act, 2009). The law states:

*“The Director of the National Institutes of Health ("NIH") shall require in the current fiscal year and thereafter that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine's PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication: Provided, that the NIH shall implement the public access policy in a manner consistent with copyright law.”*

The **general policy** is to provide free online access to full-text, peer-reviewed journal articles arising from taxpayer-funded research. The National Institutes of Health (NIH) asks every scientist who receives an NIH research grant, and who publishes the results in a peer-reviewed journal, to deposit a digital copy of the article in PubMed Central (PMC), the online digital library maintained by the NIH. PMC will then provide free online access to its copy some time after the article is published in a journal, the length of the delay to be determined at the time the deposit is made.





# **INTEGRATED SYSTEMS**





# **TIMELINE**

U.S. House Appropriations Committee  
Instructs NIH to develop a policy requiring  
free-online access to articles based on  
NIH-funded research no later than six months  
after their publication in peer-reviewed journals.

July 2004

December 2007

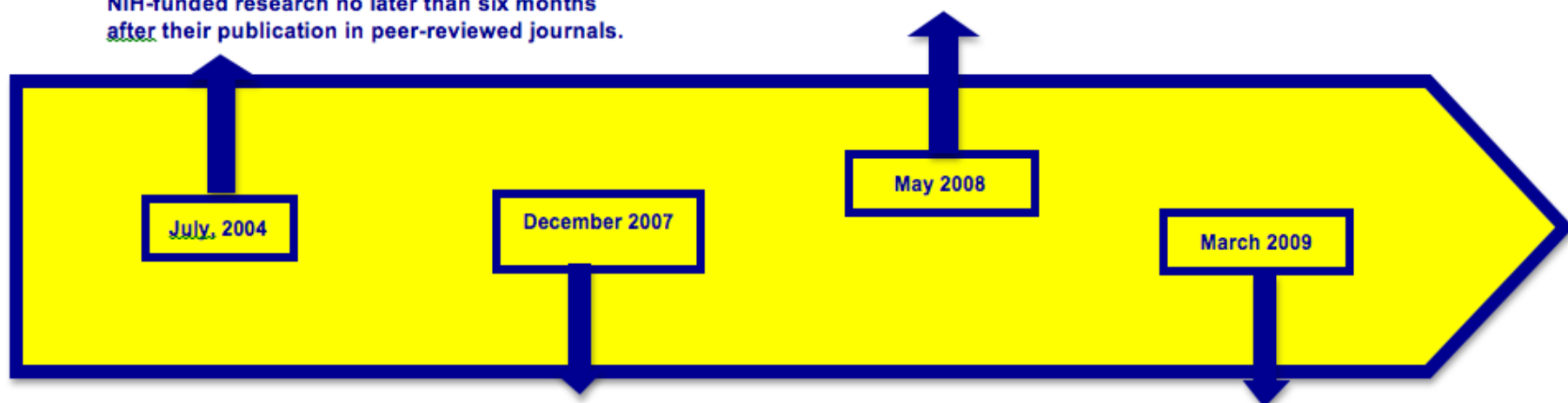
NIH Public Access Policy mandated  
by law for April 2008 implementation.

PMCID/PMC numbers  
required in NIH applications,  
proposals, progress reports.

May 2008

March 2009

Omnibus Appropriations Act  
makes Policy permanent.





**COMPLIANCE**

# Submission Methods

There are four methods to ensure that an **applicable paper** is submitted to PubMed Central (PMC) in compliance with the NIH Public Access Policy. Authors may use whichever method is most appropriate for them and consistent with their publishing agreement.

# Applicable Paper

- Is peer-reviewed;
- And, is accepted for publication in a journal on or after April 7, 2008;
- And, arises from:
  - Any direct funding from an NIH grant or cooperative agreement active in Fiscal Year 2008 or beyond, or;
  - Any direct funding from an NIH contract signed on or after April 7, 2008, or;
  - Any direct funding from the NIH Intramural Program, or;
  - An NIH employee.

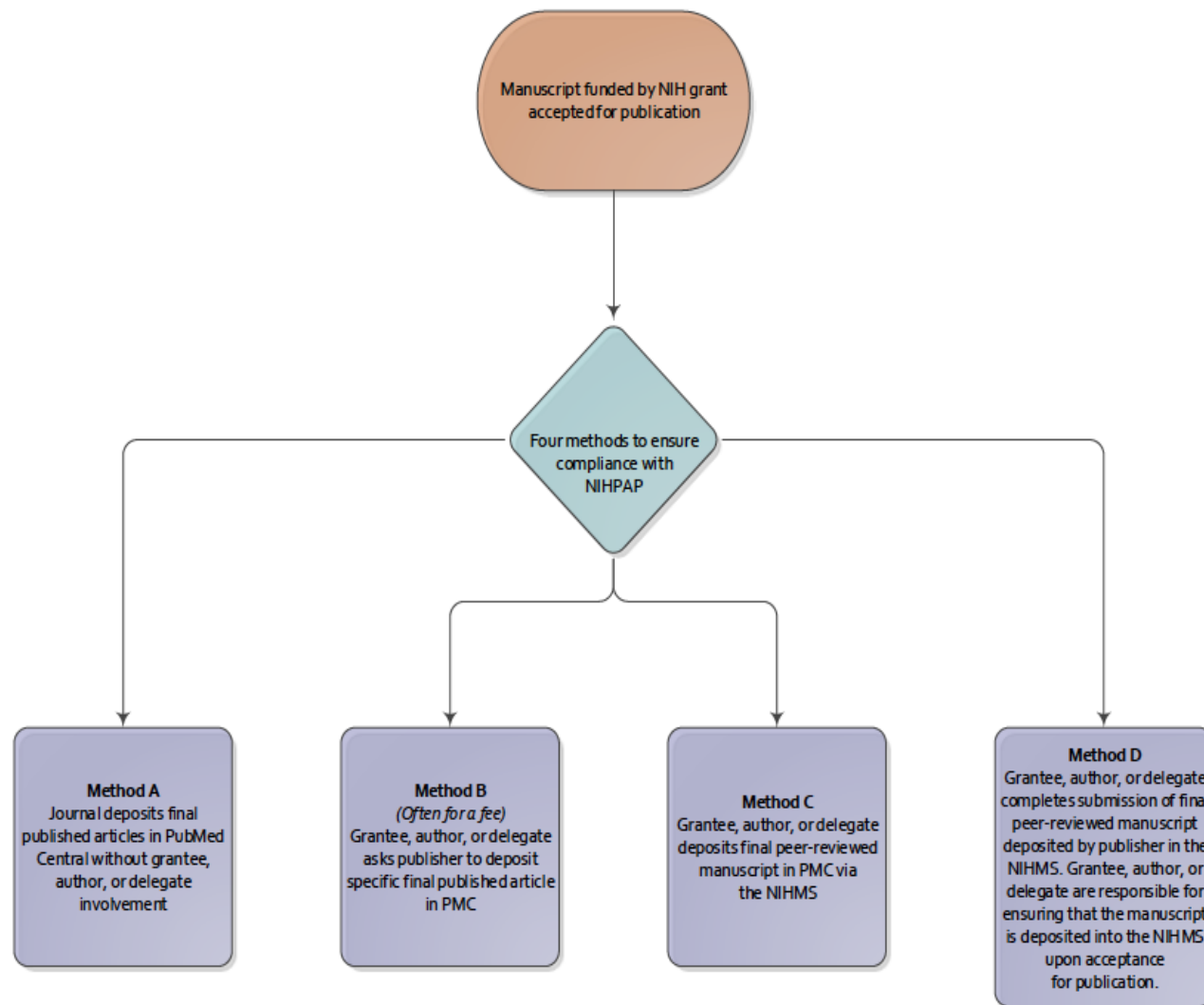
# FINAL PEER-REVIEWED MANUSCRIPT & FINAL PUBLISHED ARTICLE

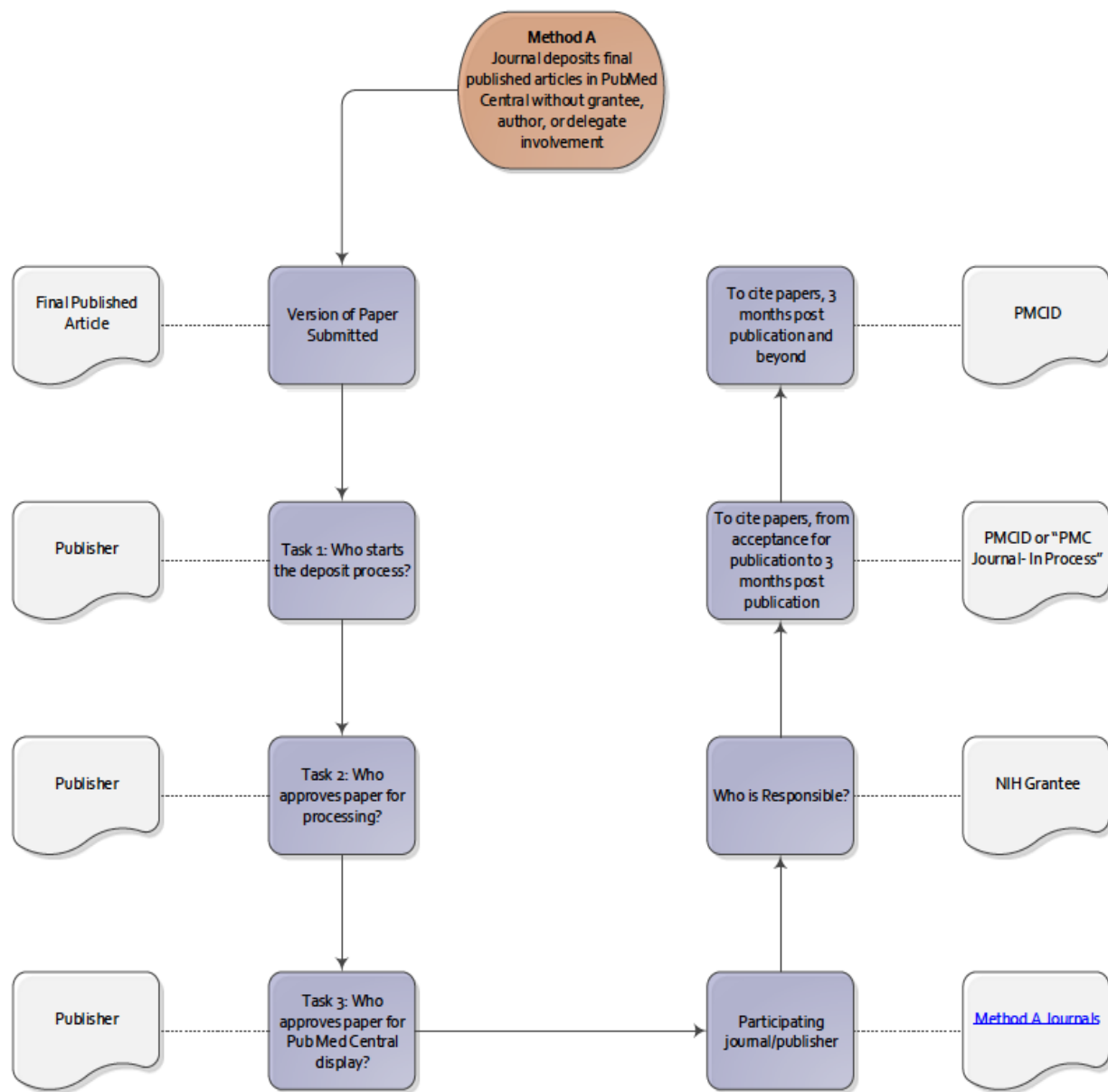
- **Final peer-reviewed manuscript:** The Investigator's final manuscript of a peer-reviewed paper accepted for journal publication, including all modifications from the peer review process.
- **Final published article:** The journal's authoritative copy of the paper, including all modifications from the publishing peer review process, copyediting and stylistic edits, and formatting changes.



# There are four methods of achieving compliance:

- **Method A.** In this method the journal in which the manuscript is to be published deposits final published articles in PubMed Central without author involvement.
- **Method B.** The NIH grantee requests that the publisher submit the manuscript; usually for a fee.
- **Method C:** If Method A or B do not apply, addressing compliance falls on the NIH grantee to insure that the manuscript is deposited into PubMed Central.
- **Method D:** The publisher deposits the manuscript file and provides the contact information for the NIH grantee who needs to complete and approve the deposit.





# [http://publicaccess.nih.gov/submit\\_process\\_journals.htm](http://publicaccess.nih.gov/submit_process_journals.htm)

Enter a journal name below to see if it uses [Submission Method A](#).

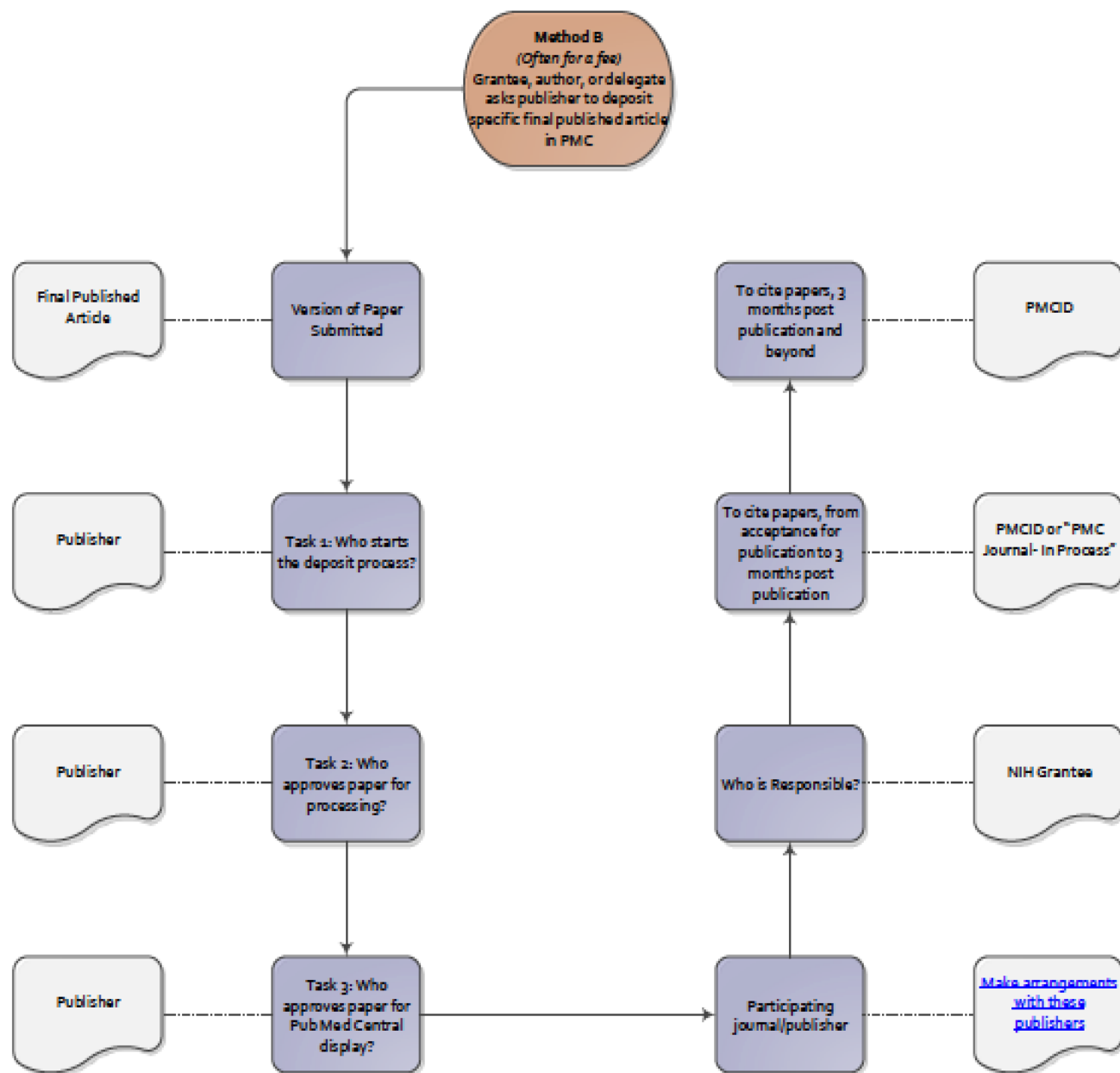
Search for Journal:

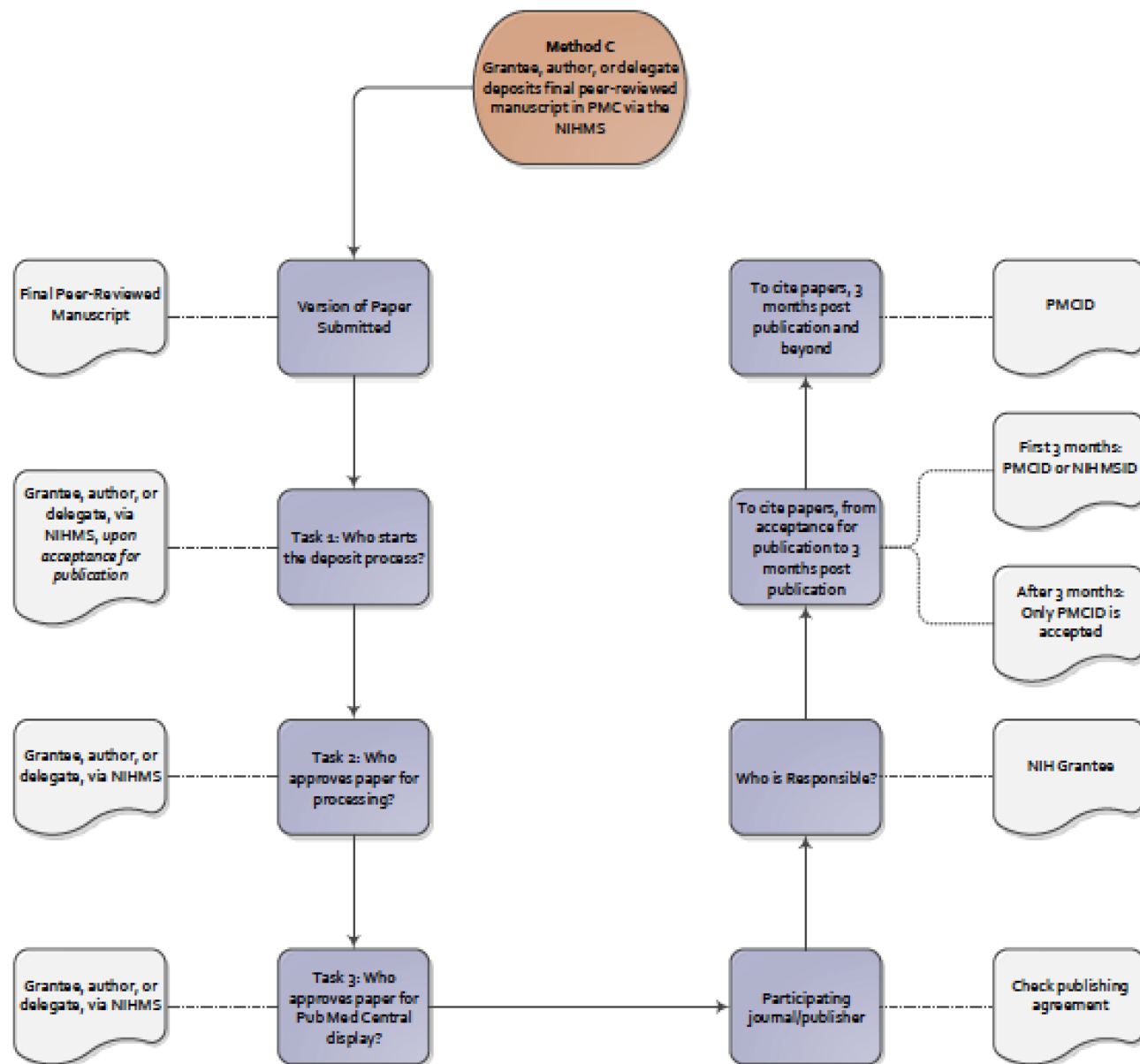
## Method A Journals

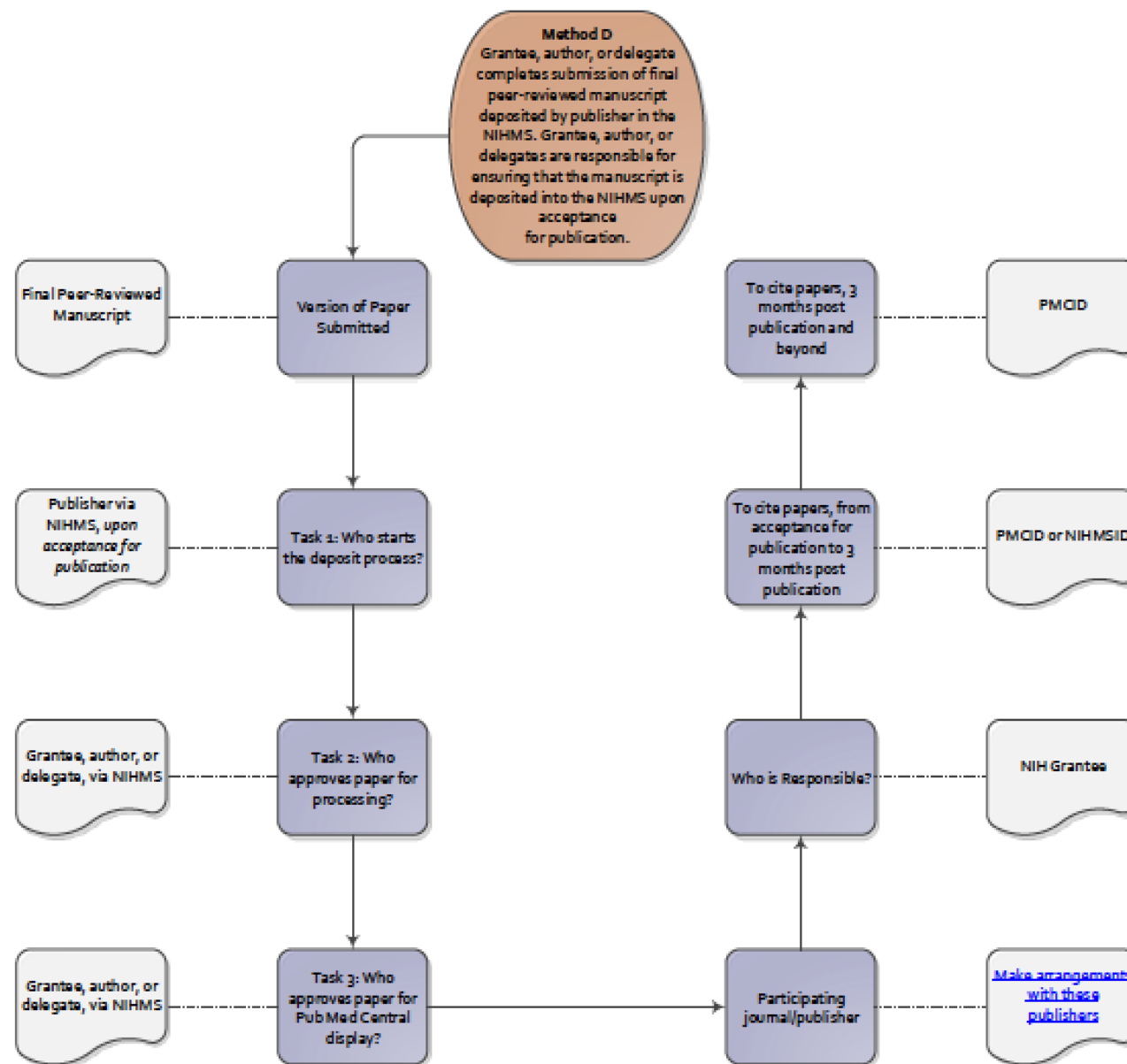
These journals make the [final published version](#) of all NIH-funded articles available in PubMed Central (PMC) no later than 12 months after publication without author involvement. The start date shown for each journal is the earliest publication date that meets this requirement.

## Legend

Journal title	NLM TA	pISSN	eISSN	Start date	End date
3 Biotech	3 Biotech		2190-5738	Jul 2011	
AAPS Journal	AAPS J		1550-7416	Sep 2004	
AAPS PharmSciTech	AAPS PharmSciTech		1530-9932	Mar 2000	
ACS Chemical Neuroscience	ACS Chem Neurosci		1948-7193	Jan 2010	
ACS Medicinal Chemistry Letters	ACS Med Chem Lett		1948-5875	Apr 2010	
Acta Biochimica et Biophysica Sinica	Acta Biochim Biophys Sin (Shanghai)	1672-9145	1745-7270	Jan 2009	
Acta Crystallographica Section A: Foundations of Crystallography	Acta Crystallogr A	0108-7673	1600-5724	May 2008	
Acta Crystallographica. Section A, Foundations and Advances	Acta Crystallogr A Found Adv		2053-2733	May 2008	
Acta Crystallographica Section B: Structural Science	Acta Crystallogr B	0108-7681	1600-5740	Apr 2008	
Acta Crystallographica Section B, Structural Science, Crystal Engineering and Materials	Acta Crystallogr B Struct Sci Cryst Eng Mater	2052-5192	2052-5206	Apr 2008	
Acta Crystallographica Section C: Crystal Structure Communications	Acta Crystallogr C	0108-2701	1600-5759	Apr 2008	
Acta Crystallographica Section D: Biological Crystallography	Acta Crystallogr D Biol Crystallogr	0907-4449	1399-0047	Apr 2008	
Acta Crystallographica Section E: Structure Reports Online	Acta Crystallogr Sect E Struct Rep Online		1600-5368	Jan 2008	
Acta Cytologica	Acta Cytol	0001-5547	1938-2650	Nov 2010	May 2012
Acta Haematologica	Acta Haematol	0001-5792	1421-9662	Oct 2009	May 2012







# Method C

- Deposit the final peer-reviewed manuscript in PubMed Central (PMC)
- Deposit is done via the NIH Manuscript Submission System (NIHMS)



# Who can submit the publication?

- One of the authors of the publication
- Principle Investigator of the NIH grant whose funding was used for the research reported in the publication
- A designated submitter

# Method C Timing



- Grant awardees are responsible for ensuring that the manuscript(s) are submitted to NIHMS upon acceptance for publication.
- Grant awardees are also responsible for seeing that all the steps involved in the NIHMS process be completed within three months of publication.

# TIMELY SUBMISSION

- Effective August 21, 2009, an NIHMSID may be used to indicate compliance with the Public Access Policy for up to three months after a paper is published.
- After that period, a PMCID must be provided in order to indicate compliance. Specifically:
  - 1.If an applicable paper is in press, or was published less than three months before the submission of an application, proposal or report, the awardee must include either a PMCID or an NIHMSID at the end of the full citation.
  - 2.If an applicable paper was published three or more months before an NIH application, proposal or report is submitted, the awardee must include a PubMed Central Reference number (PMCID) at the end of the full citation for the paper. An NIHMSID is not acceptable in this case.



# **SUBMISSION METHOD**

**Manuscripts that fall under the NIH Public Access Policy are submitted to the NIH Manuscript Submission System (NIHMS).**



## NIH Manuscript Submission System







- NIH Manuscript Submission System (NIHMS) facilitates the submission process of final, peer-reviewed manuscripts for compliance with the NIH Public Access Policy.
- NIHMS ID is a unique number assigned to a work that is submitted to the NIHMS in preparation for posting to PubMed Central (PMC) up to three months of publication of the work.
- Manuscripts in a wide range of electronic word-processing formats can be submitted.



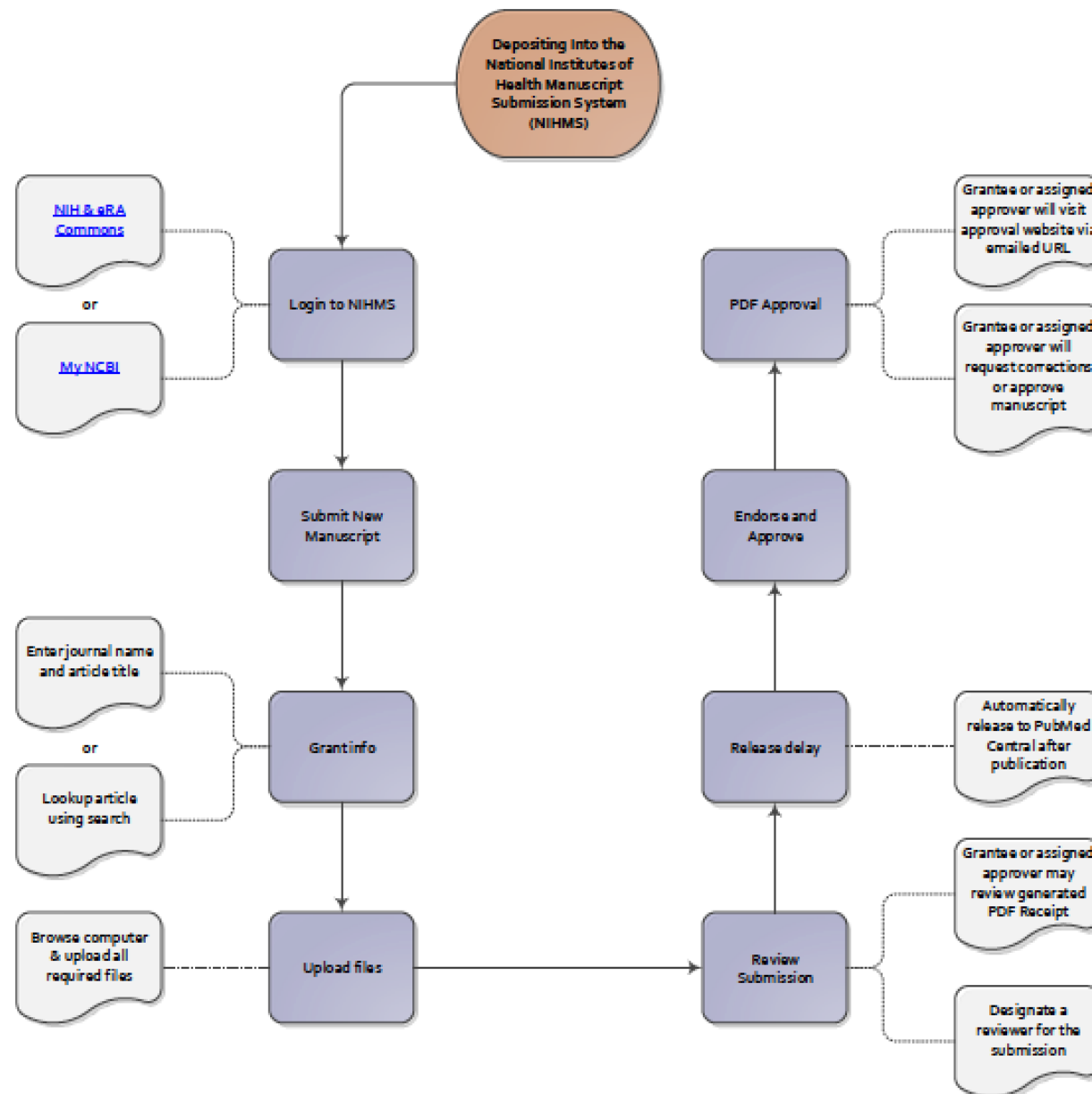
NIH Public Access

## NIH Manuscript Submission System

The NIH Manuscript Submission allows you to submit an electronic version of your peer-reviewed final manuscript for inclusion in PubMed Central. Eligible manuscripts must have been funded by one of the participating groups listed in the login table below.

Route	Users	Policy
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 publisher	publishers	
 HHMI	Howard Hughes Medical Institute investigators	
 My NCBI	others	

<http://nihms.nih.gov/db/sub.cgi>





# **How to Submit to NIHMS**

# There Are Four Steps in Submitting

1. Set up the manuscript - provide bibliographic information and NIH grant information. At this point a NIHMSID# is assigned.
2. Submit the manuscript files - upload all manuscript files, including figures, tables and supplementary information.
3. Approve the PMC-formatted (PDF) Manuscript for Public Display.
4. Approve the Web version - review and approve a web version of the manuscript that will appear in PubMed Central.

# What Cannot Be Deposited

- Final PDF version of the published article
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# Cancer Letters

Available online 16 September 2014

In Press, Corrected Proof — Note to users



Mini-review

## *AXIN1* and *AXIN2* variants in gastrointestinal cancers

Serina M. Mazzoni<sup>a</sup>, Eric R. Fearon<sup>a, b, c</sup>,  

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DOI: 10.1016/j.canlet.2014.09.018

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### Highlights

- The *AXIN1* and *AXIN2* proteins are viewed as tumor suppressors in the Wnt pathway.
- We assessed *AXIN1/2* sequence variants in gastrointestinal cancers.
- *AXIN1* may be a tumor suppressor gene in hepatocellular carcinoma.
- Germline *AXIN2* mutations are linked to a colorectal cancer predisposition syndrome.
- The role of *AXIN1/2* mutations in other cancers remains to be established.

## ADDRESS AT GETTYSBURG

## ADDRESS AT GETTYSBURG

Fourscore and seven years ago our fathers brought forth on this continent a new nation, conceived in

liberty, and dedicated to the proposition that all

men are created equal. Now we are engaged in a

great civil war, testing whether that nation, or any

nation so conceived and so dedicated, can long

endure. We are met on a great battlefield of that

war. We have come to dedicate a portion of that

field as a final resting-place for those who here

gave their lives that that Nation might live. It is

altogether fitting and proper that we should do this.

But, in a larger sense, we cannot dedicate — we cannot consecrate — we cannot hallow this

ground. The brave men, living and dead, who

struggled here, have consecrated it far above our

poor power to add or detract. The world will

little note nor long remember what we here say,

but it can never forget what they did here.

It is for us, the living, rather, to be dedicated

here to the unfinished work which they who fought

here to the unfinished work which they who fought

here to the unfinished work which they who fought

here to the unfinished work which they who fought

here to the unfinished work which they who fought







Fourscore and seven years ago our fathers brought forth on this continent a new nation, conceived in liberty, and dedicated to the proposition that all men are created equal.

Now we are engaged in a great civil war, testing whether that nation, or any nation so conceived and so dedicated, can long endure. We are met on a great battlefield of that war. We have come to dedicate a portion of that field as a final resting-place for those who here gave their lives that that nation might live. It is altogether fitting and proper that we should do this.

But, in a larger sense, we cannot dedicate — we cannot consecrate — we cannot hallow — this ground. The brave men, living and dead, who struggled here, have consecrated it far above our poor power to add or detract. The world will little note nor long remember what we say here, but it can never forget what they did here. It is for us, the living, rather, to be dedicated here to the unfinished work which they who fought here

(Address at the dedication of the Gettysburg National Cemetery, Nov. 19, 1863. Reprinted, by permission of THE MACMILLAN COMPANY, from "Abraham Lincoln, the Man of the People," by Norman Hapgood.)

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 HHMI	Howard Hughes Medical Institute investigators	
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## Manuscript Submission Overview

### Overview of the manuscript submission process



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Provide bibliographic information, grant or project information, and all manuscript files.



#### Approve PDF Receipt

Review a PDF version of your manuscript to ensure that we received all of the content.



#### Approve web version

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Investigator

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Select	Grant/project #	Title
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<input type="checkbox"/>	F32 DK060416-02	eNOS is Protective in the Initiation of Pancreatitis
<input type="checkbox"/>	K08 DK073298-01A1	Inflammatory response to pancreatitis in CF mice: sodium & impaired apoptosis
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Table				<input data-bbox="1014 735 1091 756" type="button" value="Browse..."/>			<input data-bbox="1787 735 1806 756" type="button" value="X"/>
Supplementary Data			Supplemental Online Data	Desktop/HeartRhythmPauz: <input data-bbox="1014 771 1091 792" type="button" value="Browse..."/>			<input data-bbox="1787 771 1806 792" type="button" value="X"/>
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Fig_4_II-Rysevaite et al_2010 12 14_low res.jpg	532
Fig_5_II-Rysevaite et al_2010 12 14_low res.jpg	334
Table 1_Rysevaite et al_2010 12 16.doc	26
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# Alcohol Use and Cigarette Smoking as Risk Factors for Post-Endoscopic Retrograde Cholangiopancreatography Pancreatitis

Journal: Clinical gastroenterology and hepatology : the official clinical practice journal of the American Gastroenterological Association NIHMSID # 245578

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Grantee	Grant/project #	Title
Matthew J. Dimagno	K08 DK073298-05	Inflammatory response to pancreatitis in CF mice: sodium & impaired apoptosis

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Release delay

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6 months

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Manuscript Title: Investigation of the signal behavior at diagnostic energies of prototype, direct detection, active matrix, flat-panel imagers incorporating polycrystalline HgI<sub>2</sub>

Principal investigator: Larry E. Antonuk (antonuk@umich.edu)

Submitter: University of Michigan Library (lib-ah-comply@umich.edu)

## Grant/Project/Contract/Support Information

Name	Support ID#	Title
Larry E. Antonuk	R01 EB000558-12	An Advanced Technology Flat-Panel Imager for Fluoroscopy

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## Investigation of the signal behavior at diagnostic energies of prototype, direct detection, active matrix, flat-panel imagers incorporating polycrystalline HgI<sub>2</sub>

Hong Du, Larry E. Antonuk, Youcef El-Mohri, Qibin Zhao, Zhong Su\*, Jin Yamamoto\*\*, Yi Wang

Department of Radiation Oncology, University of Michigan Medical Center,  
Ann Arbor, Michigan 48109

Email: antonuk@umich.edu

**Abstract.** Active matrix, flat-panel x-ray imagers based on a Si/II thin film transistors offer many advantages and are widely utilized in medical imaging applications. Unfortunately, the detective quantum efficiency (DQE) of conventional flat-panel imagers incorporating scintillators or a-Se photoconductor is significantly limited by their relatively modest signal to noise ratio, particularly in applications involving low x-ray exposures or high spatial resolution. For this reason, polycrystalline HgI<sub>2</sub> is of considerable interest by virtue of its low effective work function, high atomic number, and the possibility of large area deposition. In this study, a detailed investigation of the properties of prototype, flat-panel arrays coated with two forms of this high-gain photoconductor are reported. Encouragingly, high x-ray sensitivity, low dark current, and spatial resolution close to the theoretical limits was observed from a number of prototypes. In addition, input quantum limited DQE performance was measured from one of the prototypes at relatively low exposures. However, high levels of charge trapping, lag, and polarization, as well as pixel-to-pixel variations in x-ray sensitivity are of concern. While the results of the current study are promising, further development will be required to realize prototypes exhibiting the characteristics necessary to allow practical implementation of this approach.

\* Currently at the Department of Radiation Oncology, Virginia Commonwealth University.

\*\* Currently at Microsoft Corporation, One Microsoft Way, Redmond, WA.

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Has C, Spartà G, Kiritsi D, Weibel L, Moeller A, Vega-Warner V, Waters A, He Y, Anikster Y, Esser P, Straub BK, Hausser I, Bockenhauer D, Dekel B, Hildebrandt F, Bruckner-Tuderman L, Laube GF.


Department of Dermatology, University Freiburg Medical Center, Freiburg, Germany.

### Abstract

Integrin  $\alpha(3)$  is a transmembrane integrin receptor subunit that mediates signals between the cells and their microenvironment. We identified three patients with homozygous mutations in the integrin  $\alpha(3)$  gene that were associated with disrupted basement-membrane structures and compromised barrier functions in kidney, lung, and skin. The patients had a multiorgan disorder that included congenital nephrotic syndrome, interstitial lung disease, and epidermolysis bullosa. The renal and respiratory features predominated, and the lung involvement accounted for the lethal course of the disease. Although skin fragility was mild, it provided clues to the diagnosis.

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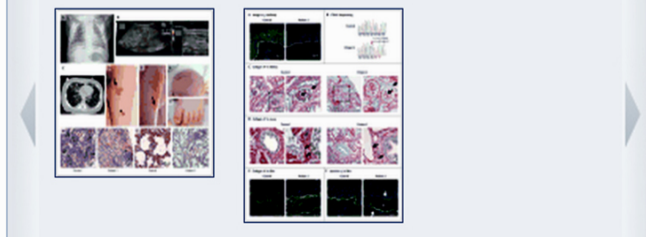
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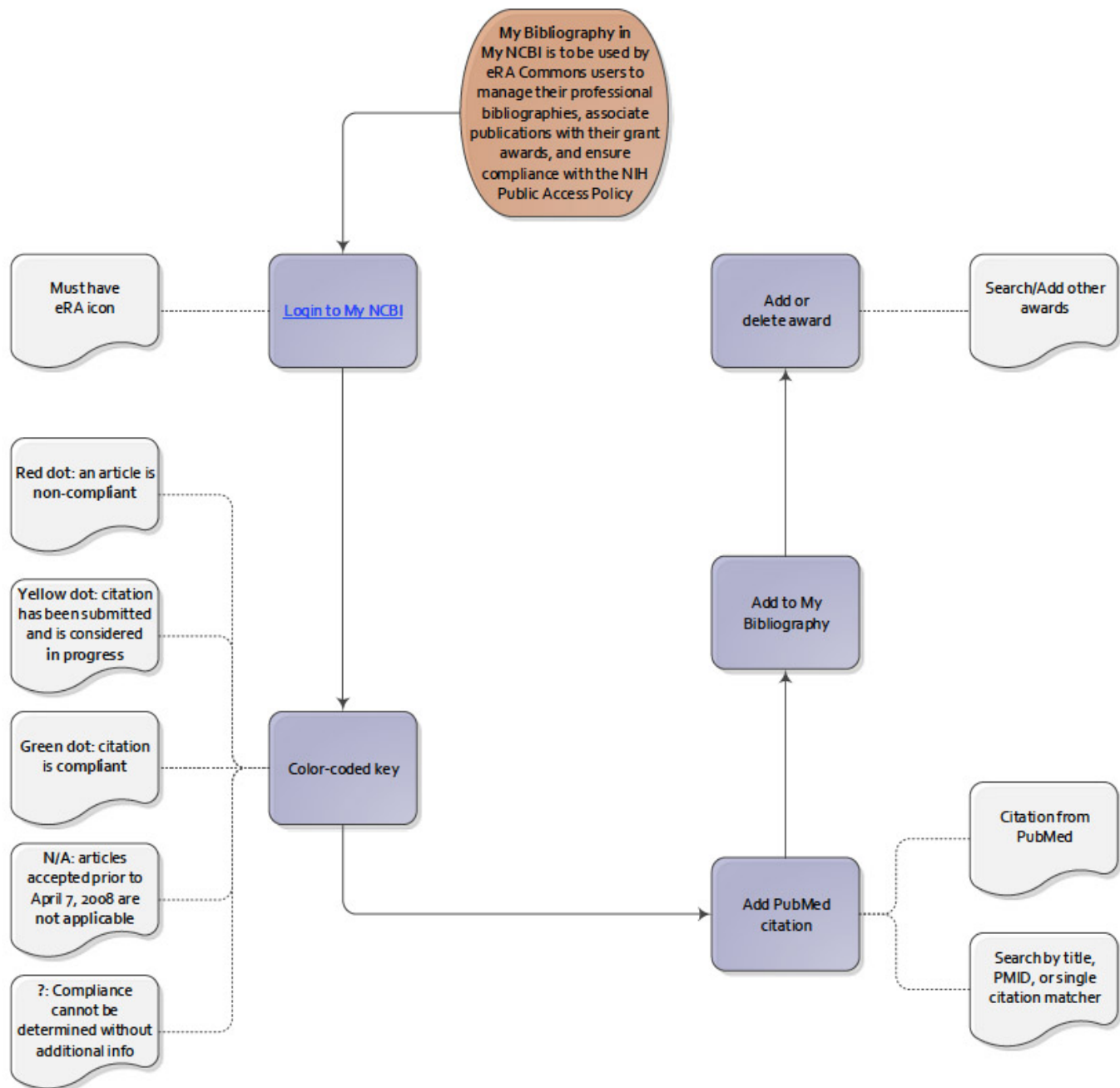
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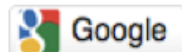
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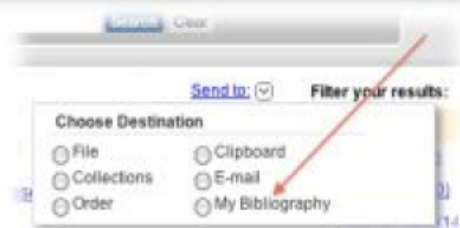
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Genesis. 2013 Aug 12. doi: 10.1002/dvg.22425. [Epub ahead of print]

## **Efficient, specific, developmentally appropriate cre recombination in anterior pituitary gonadotropes and**

Pérez-Millán MI, Zeidler MG, Saunders TL, Camper SA, Davis SW.

Department of Human Genetics, University of Michigan, Ann Arbor, MI, 48109.

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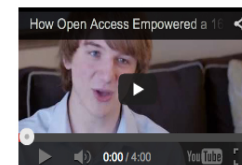
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## Video Training, Excerpted from our January 2013 Webinar

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NIH Director Francis Collins speaks with 16-year-old inventor Jack Andraka about public access



## Latest News

- For non-competing continuation grant awards with a start date of July 1, 2013 or beyond:
  - 1) NIH will delay processing of an award if publications arising from it are not in compliance with the [NIH public access policy](#).
  - 2) Investigators will need to use [My NCBI](#) to enter papers onto progress reports. Papers can be associated electronically using the RPPR, or included in the PHS 2590 using the My NCBI generated [PDF report](#).
- For an overview of policy changes, see this [video](#), excerpted from our January 2013 [webinar](#).

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## 14 manuscripts released to PubMed Central

#	Title	Status
287338	<p>Expression and function of the LIM-homeobox containing genes Lhx3 and Lhx4 in the mouse placenta</p> <p>Dev Dyn <i>May 1, 2008</i></p> <p>Grants: R01 HD034283-14</p>	<p>Manuscript published in PMC (PMCID: <b>PMC3632286</b>)</p> <p><a href="#">PMC access statistics</a></p>
277198	<p>Birthdating Studies Reshape Models for Pituitary Gland Cell Specification</p> <p>Dev Biol <i>April 15, 2011</i></p> <p>Grants: R01 HD034283-15</p>	<p>Manuscript published in PMC (PMCID: <b>PMC3066562</b>)</p> <p><a href="#">PMC access statistics</a></p>
302380	<p>Genetics, Gene Expression and Bioinformatics of the Pituitary Gland</p> <p>Horm Res <i>April 29, 2009</i></p> <p>Grants: R01 HD030428-07</p>	<p>Manuscript published in PMC (PMCID: <b>PMC3140954</b>)</p> <p><a href="#">PMC access statistics</a></p>
172413	<p>Molecular mechanisms of pituitary organogenesis: in search of novel regulatory genes</p> <p>Mol Cell Endocrinol <i>July 8, 2010</i></p>	<p>Manuscript published in PMC (PMCID: <b>PMC2909473</b>)</p> <p><a href="#">PMC access statistics</a></p>



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# NIH Research Performance Progress Reports

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<input checked="" type="checkbox"/>	In Progress	<a href="#">Hennessy S, Bilker WB, Leonard CE, Chittams J, Palumbo CM, Karlwish JH, Yang YX, Lautenbach E, Baine WB, Metlay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity measures. J Clin Epidemiol. 2007 Sep; 60(9): 911-8; PMID:11689807; PMID: PMC2042508.</a>
<input checked="" type="checkbox"/>	Non-Compliant	<a href="#">Merriam NA, Putt ME, Metz DC, Yang YX. Hip fracture risk in patients with a diagnosis of pernicious anaemia. Gastroenterology. 2010 Apr; 138(4): 1330-7; PMID:20026065; PMID: PMC2954457.</a>

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<input type="checkbox"/>	Not Applicable Not Peer Reviewed	<a href="#">Smith J. Doe J. Process of Abstracting Simple Notes for Cancer Research. 2011 Jan 31; 123(4): 56-78. PMID: PMC1234567.</a>
<input type="checkbox"/>	In Progress	<a href="#">Hennessy S, Bilker WB, Leonard CE, Chittams J, Palumbo CM, Karlwish JH, Yang YX, Lautenbach E, Baine WB, Metlay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity measures. J Clin Epidemiol. 2007 Sep; 60(9): 911-8; PMID:11689807; PMID: PMC2042508.</a>
<input type="checkbox"/>	Non-Compliant	<a href="#">Merriam NA, Putt ME, Metz DC, Yang YX. Hip fracture risk in patients with a diagnosis of pernicious anaemia. Gastroenterology. 2010 Apr; 138(4): 1330-7; PMID:20026065; PMID: PMC2954457.</a>

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Not Applicable Not Peer Reviewed	<a href="#">Smith J. Doe J. Process of Abstracting Simple Notes for Cancer Research. 2011 Jan 31; 123(4): 56-78. PMID: PMC1234567.</a>
In Progress	<a href="#">Hennessy S, Bilker WB, Leonard CE, Chittams J, Palumbo CM, Karlwish JH, Yang YX, Lautenbach E, Baine WB, Metlay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity measures. J Clin Epidemiol. 2007 Sep; 60(9): 911-8; PMID:11689807; PMID: PMC2042508.</a>

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<input checked="" type="checkbox"/>	Complete	<a href="#">Metlay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity</a>
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